IPDR6702				NORTH CAROLINA		PA	GE: 1	
	: 08/22/2005		IPI	RS CHECKWRITE SUMMARY REPORT				
			(CHECKWRITE DATE: 08/25/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER			UMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	CHORA HOUNES TAIM	8505 1	00	CLAIM DENIED DUE TO INSUFFICIE				
	SMOKY MOUNTAINM H/DD/SAS			NT BUDGET				
		8800 6		FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	106	106	
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	21 2	996	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8599 2	342	DETAIL NOT COVERED BY COMBINAT	667	7001	38245	3124
				ION OF RECIPIENT, PROVIDER AND	007	7001	302.13	3124
				BENEFIT PACKAGE.				
		0001	37	NAMES AND ADDRESS OF THE PROPERTY OF				
	+	8931 5	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	+			

3404910	PATHWAYS	8621 1	07	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		5404 4	0	SEVERE DUPLICATE: SAME ATTD PR	9	260	3333	304
				OV/PCODE/TOS/DOS/MOD	-			
		10	-	DIAGNOSIS OR SERVICE INVALID F				
		10 3	5	OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404912	CATAWBA COUNTYM	11 1	69	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599 5	6	DETAIL NOT COVERED BY COMBINAT	47	290	1022	73:
				ION OF RECIPIENT, PROVIDER AND	47	230	1022	73.
				BENEFIT PACKAGE.				
		8931 2	0	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRO.				
3404913	MECKLENBURG COM	11 1	36	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8931 1		AMTNC INELIGIBLE TO RECEIVE SE	1	137	137	
		8931 1		AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1	137	137	
		8931 1			1	137	137	
3404916	CDAGGDARG STUR	8931 1		RVICES IN IPRS.	1	137	137	
3404916	CROSSROADS BEHA	0 0			1	137	137	
3404916	CROSSROADS BEHA VIORAL HEAL	8931 1		RVICES IN IPRS.	1	137	137	
3404916		8931 1		RVICES IN IPRS.	1	137	137	
3404916		0 0		RVICES IN IPRS.	1	137	137	
3404916		0 0		RVICES IN IPRS.	0			
3404916	VIORAL HEAL	0 0	29	RVICES IN IPRS.	0			
		0 0	29	RVICES IN IPRS. *** NO DATA TO REPORT ***	0			
	VIORAL HEAL CENTERPOINT HUM	0 0	29	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE	0			
	VIORAL HEAL CENTERPOINT HUM	0 0 0		RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	0	
	VIORAL HEAL CENTERPOINT HUM	0 0 0	29	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM	0 0 0		RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM	0 0 0		RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM	0 0 0		RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM	0 0 0	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM	0 0 0	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT	0	0	0	122
3404917	VIORAL HEAL CENTERPOINT HUM AN SERVICES	0 0 0	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	0	0	0	122
	VIORAL HEAL CENTERPOINT HUM AN SERVICES ROCKINGHAM CO M	0 0 0 0 0 0 0 11 11 3 3 10 10 1 1 10 1 1 1 1	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	1222
3404917	VIORAL HEAL CENTERPOINT HUM AN SERVICES	0 0 0 0 0 0 0 11 11 3 3 10 10 1 1 10 1 1 1 1	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	0	0	0	122
3404917	VIORAL HEAL CENTERPOINT HUM AN SERVICES ROCKINGHAM CO M	0 0 0 0 0 0 0 11 11 3 3 10 10 1 1 10 1 1 1 1	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	0	0	0	122
3404917	VIORAL HEAL CENTERPOINT HUM AN SERVICES ROCKINGHAM CO M	0 0 0 0 0 0 0 11 11 3 3 10 10 1 1 10 1 1 1 1	53	RVICES IN IPRS. *** NO DATA TO REPORT *** CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	0	0	0	122

		1					TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	133	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACRAGE.				
		8621	66	60 RESIDENTIAL LEVEL III TREAT	34	322	2577	2255
				MENT RECEIVED, PA IS REQUIRED	54	322	2377	LLUU
				FOR ADDITIONAL SERVICE.				
		21	46	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	8599	1500	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	320	SEVERE DUPLICATE: SAME ATTD PR	196	2453	9747	7294
				OV/PCODE/TOS/DOS/MOD				
		21	137	DUPLICATE OF CLAIM-SYSTEM				
			 		1			
								1
			1					
3404921	ORANGE PERSON C	8599	138	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				└
		191	83	CLIENT ID NUMBER DOES NOT MATC	1			
		191	0.3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	3	409	3275	2866
		1	 		 	1		
		5312	40	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922	THE DURHAM CENT	21	886	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8599	228	DETAIL NOT COVERED BY COMBINAT	0	1326	2324	998
				ION OF RECIPIENT, PROVIDER AND	0	1320	2324	990
				BENEFIT PACKAGE.				
		8518	67	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404923		8599	133	DETAIL NOT COVERED BY COMBINAT				
3404923	FIVE COUNTY MH	8599	133	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE	33	180	5007	4827
				RVICES IN IPRS.				
		21	8	DUPLICATE OF CLAIM-SYSTEM				
		1	1		1			
			-		 			
3404925	SANDHILLS CENTE	8599	519	DETAIL NOT COVERED BY COMBINAT	-			
* *	R FOR MH/DD		†	ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.	1			
			1					
		21	366	DUPLICATE OF CLAIM-SYSTEM	51	1707	12147	10440
								└
		11	362	CLIENT NOT ELIGIBLE ON SERVICE	1	1		
		**	202	CLIENT NOT ELIGIBLE ON SERVICE DATE	1			
		1	 		 			
			 	+	1			
3404926	SOUTHEASTERN RE	11	839	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL		1	DATE				
		21	204	DUPLICATE OF CLAIM-SYSTEM	80	1391	5453	4062
			ļ		ļ			<u> </u>
		1	1		1			
		8599	171	DETAIL NOT COVERED BY COMBINAT	 			
					 	1		
			†	BENEFIT PACKAGE.	 			
		8599	171	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	OUR PROPERTY OF M	8599	74	DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M HC	0333	1.4	ION OF RECIPIENT, PROVIDER AND				
	inc			BENEFIT PACKAGE.				
		8935	22	ASTNC INELIGIBLE TO RECEIVE SE	22	208	1620	1412
				RVICES IN IPRS.				
		191	21	OVERNIE VE ANDERE DODG NOT AGE				
		191	21	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930	TOTINGMON COTINMY	23	1	SERVICE REQUIRES PRIOR APPROVA				
	JOHNSTON COUNTY MNTL HLTHC			L				
	111111111111111111111111111111111111111							
		0	0		0	1	7	6
3404931	WAKE CO HUM SVC	8599	224	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		8931	155	AMTNC INELIGIBLE TO RECEIVE SE	242	743	14972	14229
				RVICES IN IPRS.	242	/43	143/2	11223
		8621	142	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404932	DANIDOT DII (OANDIIT	0	n	*** NO DATA TO REPORT ***				
3101332	RANDOLPH/SANDHI LLS CO MH C	0		NO BILLI TO REPORT				
	LLS CO MR C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	11	32	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8599	19	DETAIL NOT COVERED BY COMBINAT	9	70	2206	2227
				ION OF RECIPIENT, PROVIDER AND	9	79	2306	2227
				BENEFIT PACKAGE.				
		191	15	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
2404924		0500	89	DETAIL NOT COURDED BY COMPANY				
3404934	ONSLOW CARTERET	8599	0.3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL			BENEFIT PACKAGE.				
	+			+				
	1	11	16	CLIENT NOT ELIGIBLE ON SERVICE	6	131	1394	1263
				DATE				
		0050						
	1	8952	8	CLAIM DENIED DUE TO AGE RESTRI				
	1			CTIONS FOR TARGET POPULATION				
	+							
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR			+				
		1						
		0	0		0	0	0	0
		1						
2404025	1	0500	1.0	DEMATE NOW COMPANY BY COMPANY				
3404936	WILSON-GREENE M	8599	18	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
	+					1		
	+	8932	9	CMTNC INELIGIBLE TO RECEIVE SE	17	40	1609	1569
				RVICES IN IPRS.		- 10	2303	
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE				
		1	1	RVICES IN IPRS.			<u> </u>	1

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGECOMBE NASH MNTL HLTH C	21	81	DUPLICATE OF CLAIM-SYSTEM				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR	0	87	2085	1998
				OV/PCODE/TOS/DOS/MOD				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0		0	0	0	
						0	0	
3404939	NEUSE MENTAL HE	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER			BENEFIT PACKAGE.				
		8651	2	ONLY FOUR UNITS ALLOWED PER MO	0	26	716	690
				NTH				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	8599	364	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	262	DUPLICATE OF CLAIM-SYSTEM	7	1146	1514	368
		191	156	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	ROANOKE CHOWANH	21	22	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		8599	7	DETAIL NOT COVERED BY COMBINAT		36	585	549
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	,	30	303	549
		8932	3	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	40	SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD				
		8931	34	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	63	165	956	791
		8935	25	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	21	39	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		11	1	CLIENT NOT ELIGIBLE ON SERVICE	0	42	339	297
				DATE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0					
		U	U		0	0	33	33
			1					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	37	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE	27	104	1013	909
				RVICES IN IPRS.				
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM	8599	63	DETAIL NOT COVERED BY COMBINAT				-
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE	50	136	3613	3477
				RVICES IN IPRS.	30	130	3023	3477
		5404	7	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				